

15 000062808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

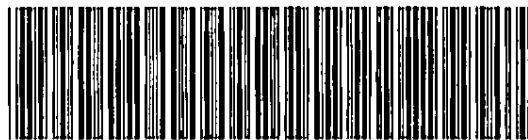
(Business Entity Name)

(Document Number)

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2021 JUL -6 PM 3:04
FALLS CHURCH, VA

D BRUCE
JUL 27 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUZ CADAVID LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUZ AMPARO CADAVID.
Name of Person

Firm/Company

1600 NE 1ST AVE # 1402
Address

Miami FL 33132
City/State and Zip Code

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LUZ AMPARO CADAVID at (786) 6833867
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 JUL -6 PM 3:04

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUZ CADAVIO LLC.

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/1/2021 and assigned Florida document number 15000062808

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1600 NE 1ST AVE
SUITE 1402
MIAMI FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6228 ORANGE ST
SUITE 10
LOS ANGELES, CA 90048

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LUZ AMPARO CADAVIO

New Registered Office Address:

1600 NE 1ST AVE #1402
Enter Florida street address
Miami Florida 33132
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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OM LUZ AMPARO CADAVID 5301 TAYLOR ST ☐ Add
VERGARA. HOLLYWOOD FL 3302

☐ Add

~~Remove~~

☐ Change

AMBR LUZ AMPARO CADAVID 1600 NE 1ST AVE ~~X~~Add

SUITE 1402
MIAMI FL 33132 ☐ Remove

☐ Remove☐ Change☐ Add☐ Remove☐ Change

☐ Add $\frac{1}{m}$.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/1/2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00